## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:					PAGE	5	50	OF	345
	(check only one)									
	×	11a		11b		11c		12		
		12		1/		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)  New York Life Insurance Comp	any Political Action Committee					
Full Name (Last, First, Middle Initial)  A. Mr. Norman M. Bryant	Date of Receipt					
Mailing Address 196 Mitoba Trail	06 30 _ 2012 _					
City	State Zip Code	Transaction ID : PR14026976				
Pelham	AL 35124-1054	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	90.00				
Name of Employer	Occupation					
New York Life Insurance Company	Managing Partner					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$30.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial)  Mr. Steven R. Kaneski	Date of Receipt					
Mailing Address 9692 Sterling Pointe Court		M M / D D / Y Y Y Y				
City	State Zip Code	06 30 2012 Transaction ID : PR14126976				
Loomis	CA 95650-7120	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	416.66				
Name of Employer	Occupation					
New York Life Insurance Company	Agent					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2499.96	P/R Deduction (\$416.66 Monthly)				
Full Name (Last, First, Middle Initial)  C. Mr. Lloyd R. Wilson Sr.	Date of Receipt					
Mailing Address 3148 Pine Ridge Road	06 30 2012					
City	State Zip Code	Transaction ID : PR14166976				
Mountain Brk	AL 35213-3906	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
New York Life Insurance Company	Agent					
Receipt For: Primary General	Aggregate Year-to-Date ▼					
Other (specify)	1500.00	P/R Deduction (\$250.00 Monthly)				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	756.66				
TOTAL This Period (last page this line number	only)					